

Complete this form and send the first four copies to:  
Reservation Clerk, **Building 31, Room 6C17.**

Please include a list of conference participants.

## Request for Conference Room

NAME OF OFFICIAL RESPONSIBLE FOR CONFERENCE		PHONE NO.	DATE OF REQUEST	
NAME OF STAFF CONTACT		PHONE NO.	BUILDING AND ROOM	
NAME AND PURPOSE OF CONFERENCE			ICD	
			NO. PERSONS ATTENDING ( <i>approximately</i> )	
ASSIGNED CONFERENCE ROOM NO.		BUILDING NO.	CAN NO.	
DATE(S) OF THE CONFERENCE	CHECK DAY(S) OF THE WEEK <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		STARTING TIME ON THE FIRST DAY	ENDING TIME ON THE LAST DAY

### SUPPLIES NEEDED

QTY.

	Pads & pencils around conference table
	Pads & pencils on side table
	Name plate holders (blocks)
	Gavel & block
	Telephone for desk outside conference room
	Name tag racks
	Floor stand for council sign
	"Closed session" sign
	Registration sheets
	Cardboard boxes for trash & returning material

Coffee break times: AM \_\_\_\_\_ PM \_\_\_\_\_

(For parking permits, call the Parking Office on 496-6851.)

SPECIAL INSTRUCTIONS FOR WILSON HALL (*Check if applicable*)

- ☐ Set up auditorium-style  
☐ Special set-up (*attach diagram*)

### AUDIOVISUAL SERVICES REQUIRED

QTY.

	Audio tape		Table		Lapel
	Microphones:		Floor		Podium
	2 x 2 Carousel (slide projector)				
	Transparency (overhead) projector				
	Conference Phone				
	Electric Pointer				
	Video playback:		VHS		3/4"
	Videotaping ( <i>Contact 496-4700</i> )				
	CCTV - Overflow ( <i>explain below</i> )				

SIGNATURE OF CONFERENCE SPONSOR

SPECIAL INSTRUCTIONS

### CONFIRMATION OF CONFERENCE ROOM

This confirms the telephone reservations made for the use of the above conference room.

SIGNATURE OF PERSON CONFIRMING RESERVATION

DATE